

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 543052

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/							51					
2	/							52					
3		/						53					
4	/							54					
5	/							55					
6		/						56					
7		3						57					
8		/						58					
9		/						59					
10		/						60					
11			/					61					
12				/				62					
13			/					63					
14				/				64					
15					/			65					
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17						/		67					
18							/	68					
19								69					
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41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			6										
TOTAL DEP.			6										
TOTAL CLAIMS			12										